

FULLY FUND THE GLOBAL FUND: ENDING TB IN A COVID WORLD BRIEF



Tuberculosis (TB) is fully curable and entirely preventable. Yet, 140 years after the detection of mycobacterium tuberculosis in 1882, **TB remains one of the top global health challenges**¹. It also remains the leading killer of people living with HIV. TB kills 4,000 people every day². Until the COVID-19 pandemic swept the international community, TB was the leading infectious killer globally³ and today, it falls second only to COVID-19⁴. The dawn of COVID-19 has seen the unravelling of years of progress, **and now the world is way off course in meeting our collective commitment to end TB as a global public health threat by 2030.**

The Global Fund provides 77% of international financing on TB, and has recently committed to expand the share of its grants dedicated to the fight against the disease (see Box 1). It also has a proven record of catalyzing domestic resource mobilisation through co-financing requirements, and will play a pivotal role in meeting the Stop TB and the WHO goal of doubling global investment against TB⁵.

There are challenges ahead, in particular the COVID-19 pandemic, which continues to devastate country economic capacity. It intensifies and widens inequalities, diverts critical resources, and creates new barriers to TB prevention, testing and treatment services. In 2020, the world witnessed a rapid, plummeting to 18% plummet of the reported number of people newly diagnosed with TB, bringing us back to low levels not seen since 2013⁶. 2020 also marked the first time in 10 years that TB mortality increased at the global and regional level⁷.

This Brief outlines the state of the global TB response in our COVID world and answers why **bold investment in the Global Fund to Fight AIDS, TB and Malaria during its 7th Replenishment offers the decisive and strategic opportunity to get us back on track.**

INVESTING MORE IN TB

INVESTING MORE IN TB: CHANGE IN THE GLOBAL FUND ALLOCATION METHODOLOGY FOR THE 7TH REPLENISHMENT

There has been a long standing discussion around the disease split used in the Global Fund allocation methodology. It roughly determines the indicative breakdown for grants between HIV/AIDS, TB and Malaria. Until now, the Global Fund was using a 50/18/32 split: 50% of funds going to HIV/AIDS, 18% to TB and 32% to Malaria. Momentum had been gathering around the idea of adjusting this formula to increase resources for TB, and consensus started to form when the extent of the impact of COVID-19 on TB came into focus. For the 7th Replenishment, the Global Fund will use a revised formula adopted in

November 2021: for the first USD \$12 billion available for country allocations, the existing split will apply, but any funds above that threshold will be split with an increased share for TB (25%) with HIV and malaria reducing slightly to 45% and 30% respectively.



THE GLOBAL FUND & THE URGENCY TO END TB

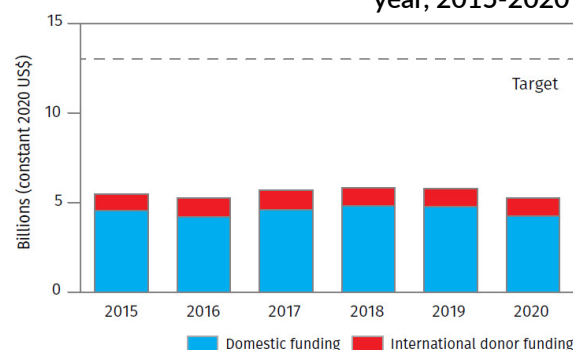
The [2021 WHO Global Tuberculosis Report](#) estimates that one quarter of the world's population is still infected with TB, and that 10 million people developed active TB in 2020. Anyone with untreated active TB can transmit the bacilli to 15 other people within the course of a year⁸. Finding people with undiagnosed active TB is therefore essential, to save their lives and that of people around them. It is particularly alarming that in 2020, the world witnessed an 18% plummet in the number of people newly diagnosed with TB⁹, bringing the total number of missing cases to 4 million¹⁰.

TB can be cured. Drug Sensitive TB (85% of active TB cases) is successfully treated with a 6-month drug regimen, whereas Drug-Resistant TB (DR-TB) requires longer regimen. DR-TB is an ongoing global public health crisis, with only about one-third of people living with it receiving treatment¹¹. Because of COVID-19 disruptions, 2020 marked the first time in 10 years that TB mortality overall increased at the global and regional level¹².

COVID-19 and TB are both primarily respiratory diseases. This is why TB was

especially affected by the pandemic, as resources were diverted away from TB to fight COVID-19. The Global Fund deployed a range of measures to mitigate the impact of COVID-19 on TB. These included a shift to community and home-based service delivery, supported by digital tools and the accelerated transition to all-oral treatment regimens for DR-TB¹³. There was also a push to focus more resources on TB; from January 2021, Global Fund TB grants increased on average by 24%¹⁴.

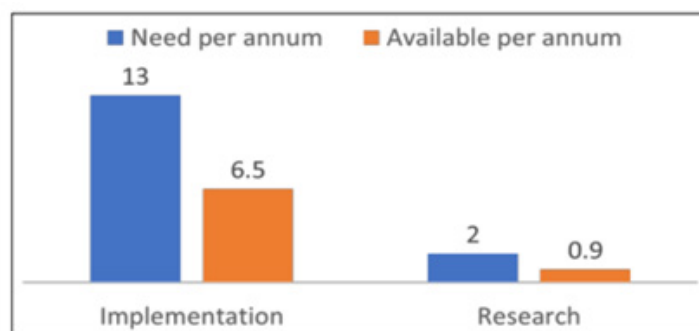
Funding for TB prevention, diagnostic and treatment services from 137 low- and middle-income countries compared with the global target set at the UN high-level meeting on TB of at least US\$13 billion per year, 2015-2020



* The 137 countries accounted for 98% of the world's officially reported TB cases in 2020.

Progress on TB is influenced by the social and structural drivers of disease such as human rights and gender equality. TB is both a cause and a consequence of poverty and inequality. Evidence repeatedly shows that factors related to human rights and gender hinder the effectiveness, accessibility and sustainability of TB programs and services¹⁵. People living with and at greatest risk of TB often live in vulnerable and hard to reach settings where stigma, discrimination, inadequate political will and funding support erect barriers that inhibit their access to timely testing and treatment. The Global Fund has a long, proven record of working with communities and vulnerable groups to remove barriers to access, and the science is clear: these interventions are crucial to find missing cases and to improve treatment adherence¹⁶.

Investment in the Global Fund and in TB is extremely cost efficient. The Global Fund Investment Case for the 7th Replenishment promises a 1:31 return on investment overall, and its investment in TB is probably even more cost efficient; studies show ratio as high as 1:49¹⁷. **The cost of inaction by not achieving our SDG TB mortality targets until 2045 (vs**



Annual resource needs and available funding for TB in USD.

(Source: Health Policy Watch 2021)

2030) will result in 5.7 million lives lost (5.1 – 8.1 million) and an estimated USD 3 trillion in economic losses¹⁸. Official development assistance (ODA) plays a fundamental role in closing the gap between people who have access to TB prevention, treatment, care and support services, and people who are being left behind¹⁹. This particularly resonates in today's COVID world where we continue to see the rapid erosion of fiscal space in many low and middle-income countries²⁰. **We call on donor countries to fully fund the Global Fund as the largest international investor in the fight against TB, and to uphold the 0.7% ODA/GNI target²¹.**

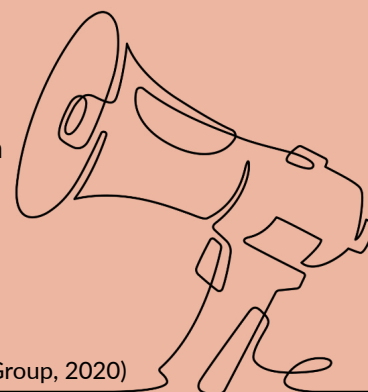
INVESTING IN TB IS INVESTING IN PANDEMIC PREPAREDNESS AND RESPONSE

Tool, concepts, capacity and infrastructure from the Global Fund and other partners TB investments have especially informed, supported, and jump-started COVID-19 research and response. For example:

- Community engagement and leadership (e.g., tailored strategies to lived experience, capacity building, adherence support, stigma mitigation, advocacy, governance, technical knowledge).
- Community-led responses reduce the social and structural barriers to care and reach people where they are and in ways they can easily and effectively access services.
- Diagnostic tools (e.g., GeneXpert

multi-disease PCR testing platform, immunoassays, diagnostic technologies).

- Artificial intelligence (e.g., deep learning methods to review chest radiographs for TB are now being adapted for COVID-19).
- Laboratory infrastructure and staff capacity (training, procedural development, creating and maintaining BSL-3 labs and ABSL-3 facilities).
- Vaccine platforms, research capacity and infrastructure; Engagement with regulatory authorities, ethics bodies, trial networks, community advisory boards.



(Source: Treatment Action Group, 2020)

TB FAST FACTS: GLOBAL FUND RESULTS AT A GLANCE FROM THE 2021 RESULTS REPORT

The Global Fund is a partnership between donor and implementing governments, affected communities, civil society, the private sector and technical partners. This Global Fund Partnership model is often referred to as the 'gold standard' for international health financing. Fast facts on the latest Global Fund results show how it has adapted its work to protect the hard-won gains made in TB since the Global Fund was created. This is despite having witnessed for the first time in its history, significant declines in key TB programmatic results as a result of COVID-19 disruptions.

- **44 million lives saved by the end of 2020** in Global Fund funded countries;
- **28% reduction in TB deaths** (excluding HIV-positive deaths) over the past 2 decades;
- **194,000 children in contact with TB patients received preventative therapy** (a **13% increase** compared to 2019 irrespective of COVID-19 disruptions);
- In close partnership with the StopTB Partnership and WHO, together they **found more "missing people" with**

TB with more than 1 million additional cases notified by the end of 2019;

- As of June 2021, **US\$7.8 billion has been invested by the Global Fund** to prevent and treat TB in countries and regions where it works;
- Through its **COVID-19 Response Mechanism (C19RM)**, the Global Fund has provided additional funding to countries to mitigate the impact of COVID-19 on the TB response.

At the 2018 HLM on TB, UN Member States pledged to meet an ambitious new funding target of US\$13 billion annually by 2022²².

These investment targets specifically include commitments to ensure a fully funded Global Fund.

Using global resource needs identified by Technical Partners in their respective Global Strategies, GFAN estimates that to maintain its average of investing up to 77% of international financing for country and regional responses to TB for the 2024-2026 period, **the Global Fund needs to raise USD \$28.5 billion during the 7th Replenishment, including USD \$7.2 billion for TB**, and USD \$4.5 billion for community-led responses.

KEY TAKE AWAYS

→ Key Message 1: **The Urgency of Ending TB:**

TB is fully curable and entirely preventable. Yet in 2020 we saw for the first time a rise in mortality. The sudden increase in missing cases further threatens to push us back. **The time to invest is now.**

→ Key Message 2: **Community-Led Responses, Human Rights and Gender Equality:**

Addressing gender and human rights barriers to equitable, quality care is fundamental to the achievement of the 2030 TB targets, and the Global Fund partnership model and track record makes it uniquely well-suited to the task. **TB needs strong rights-based, gender-transformative health and community-led responses.**

→ Key Message 3: **Funding TB Innovation:** TB remains steadfast as an urgent global health crisis. **Funding for innovation is fundamental to developing and rolling out new diagnostic,**

treatment and prevention tools that will mean better and more equitable health care for all. Since the beginning of COVID-19, the Global Fund has accelerated the adoption of multi-month dispensing of TB drugs, the roll-out of digital tools and co-testing of TB and COVID-19, and its new strategy commits to further support innovation in the next implementation cycle.

→ Key Message 4: **Investments today set the course for the pandemics of tomorrow:**

Today's bold investment in the TB response will deliver far-reaching global health benefits, advance research in infectious diseases, and strengthen global epidemic preparedness.

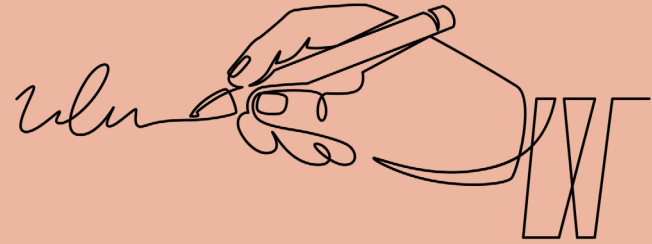
Fully funding the Global Fund for an accelerated TB response is a 'best buy' investment that equally creates resilient health and community responses and the capacity necessary to ward off pandemic challenges of tomorrow.



END NOTES

- 1 History of World TB Day. Accessed at <https://www.cdc.gov/tb/worldtbdays/history.htm>
- 2 Health Policy Watch (January 10, 2021). Mobilize Resources for Diagnoses and Double Funding, New Data Shows. Accessed at: <https://healthpolicy-watch.news/tuberculosis-is-here-to-stay-if-we-dont-mobilise-resources-for-diagnoses-and-double-fundings-new-data-shows/>
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- 6 Ibid
- 7 Ibid, and Madhukar Pai, et al. Covid-19's Devastating Effect on Tuberculosis Care – A Path to Recovery. (2022) NEJM. Accessed at: <https://www.nejm.org/doi/pdf/10.1056/NEJMp2118145?articleTools=true>
- 8 WHO Tuberculosis Fact Sheet (2021). Accessed at: <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>
- 9 Ibid
- 10 Investment Case for the 7th Replenishment of the Global Fund
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- 13 Investment Case for the 7th Replenishment of the Global Fund
- 14 The Global Fund 2021 Results Report: https://www.theglobalfund.org/media/11304/corporate_2021resultsreport_report_en.pdf
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- 17 Post-2015 Consensus: Smarter Goals for 2030. What are the smartest targets for the post-2015 development agenda. Accessed at: https://www.copenhagenconsensus.com/sites/default/files/post2015brochure_m.pdf ; and Fuady, Ahmad (June 1, 2021). The Lancet Regional Health – Western Pacific. Vol 11, 100157. Call for more investment in cost-effective tuberculosis care. Access at: [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00066-3/fulltext)
- 18 Silva, Sachin et al. (September 3, 2021). Economic impact of tuberculosis mortality in 120 countries and the cost of not achieving the Sustainable Development Goals tuberculosis targets: a full-income analysis. The Lancet Global Health. Accessed at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00299-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00299-0/fulltext) ; and Investment Case for the 7th Replenishment of the Global Fund
- 19 UN Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. See: paragraph 51 and 55 at https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf
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To prepare this report, a small reference group from GFAN's membership provided guidance and feedback and we thank them for their collaboration.

